

Entity File Number:			
Entity Name:			
For each Y	es button that you mark the question will appear below	w for you to fill out.	
1). Do you want to Add individuals to the Business Entity?		Yes	No
1). If Yes, who do you want to Add	to the Business Entity and what Position will they hold	?	
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
2). Do you want to Remove individ	uals from the Business Entity?	Yes	No
2). If Yes, who do you want to Remo	ove from the Business Entity and what Position do they	hold?	
Name:	Position:		
Name:	Position:		
Name:	Position:		
3). Do you want to Change the Add	lress of the Business Entity's Principal(s)?	Yes	No
3). If Yes, who is the Principal(s) wh	hose Address you wish to Change?		
Name:	Position:		
Address:	City	State	Zip
Name:	Position:		
Address:	City	State	Zip
Name:	Position:	<del></del>	
Address:	City	State	Zip
	on information maintained by the Division is classified as public r than the residential or private address of any individual affiliat		purposes, you may use
Under penalties of perjury and as an author knowledge and belief, true, correct and co	orized authority, I declare that this statement of change(s), has be implete.	en examined by me and is,	to the best of my
Name/Title:	Signature:	Date:	